

# MERIT Professional Record Request

Managed Education and Registry Information Tool

[merit.del.wa.gov](http://merit.del.wa.gov)



Washington State Department of  
**Early Learning**

**P**rofessional **D**evelopment **P**athways

Use this application to register in MERIT and receive a STARS ID, or to update information in your professional record. Visit the MERIT website to complete this application or update online. Please print or type. **Fields marked with an asterisk (\*) are required.**

## SECTION 1: APPLICANT INFORMATION

*Last name		*First Name		*Middle Name	
*Date of Birth (mm/dd/yyyy) ____/____/____		*Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		STARS ID	
*Mailing Address					Apartment/Unit #
*City	*State	*Zip Code	*County of Residence	*Country	
*Phone Number (primary contact) ( ) ____ - ____ ext. ____			Phone Number (secondary contact) ( ) ____ - ____ ext. ____		
Email			Alternate Email		

## SECTION 2: DEMOGRAPHIC DATA (Used for Statistical Purposes Only)

### Ethnicity:

☐ Hispanic/Latino ☐ Not Hispanic/Latino

### Race (mark all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander  
☐ White ☐ Other

### \*Primary Language:

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Ukrainian ☐ Somali ☐ Korean ☐ Tagalog ☐ Punjabi ☐ Cambodian  
☐ Chinese (Cantonese) ☐ Arabic ☐ Samoan ☐ Chinese (Mandarin) ☐ Japanese ☐ Amharic ☐ Other: \_\_\_\_\_

### Secondary Language:

☐ English ☐ Spanish ☐ Russian ☐ Vietnamese ☐ Ukrainian ☐ Somali ☐ Korean ☐ Tagalog ☐ Punjabi ☐ Cambodian  
☐ Chinese (Cantonese) ☐ Arabic ☐ Samoan ☐ Chinese (Mandarin) ☐ Japanese ☐ Amharic ☐ Other: \_\_\_\_\_

## SECTION 3: CURRENT EMPLOYMENT INFORMATION

**Section 3A: Employment in DEL Licensed or Certified Child Care Facilities.** Include information as it appears on the license. For assistance, use Child Care Check at [www.del.wa.gov](http://www.del.wa.gov) or contact your DEL licensor. Use the licensee's name for family home child care. **Include all fields for your employer.**

Employment Start Date (mm/dd/yyyy): ____/____/____	<b>Facility Type:</b> (mark <u>one</u> )	<b>Job Position:</b> (mark <u>one</u> )
Provider ID Number: _____	<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Director
Facility Name: _____	<input type="checkbox"/> School-Age Center	<input type="checkbox"/> Provider/Licensee
Phone Number: ( ) ____ - ____ ext. ____	<input type="checkbox"/> Family Child Care Home	<input type="checkbox"/> Assistant Director
Address: _____		<input type="checkbox"/> Program Supervisor
City _____ State _____ Zip Code _____		<input type="checkbox"/> Site Coordinator
		<input type="checkbox"/> Lead Teacher
		<input type="checkbox"/> Lead Staff/Group Leader
		<input type="checkbox"/> Primary Worker
		<input type="checkbox"/> Assistant or Aide
		<input type="checkbox"/> Volunteer
		<input type="checkbox"/> Household Member
		<input type="checkbox"/> Other

<b>Section 3B: (Optional)</b> In-home/Relative Provider Employment. If you are not the provider, do not complete this section.			
Social Service Payment System (SSPS) Provider Number: #		Employment Start Date (mm/dd/yyyy): ____/____/____	
<b>Section 3C: (Optional)</b> Employment History: Past, Non-Licensed and/or Outside the Child Care Field Employment.			
<b>EMPLOYER</b>		Employer Phone Number	
Employer Address	City	State	Zip Code
Job Position	To: (month/year)	From: (month/year)	
Position Description			
<b>EMPLOYER</b>		Employer Phone Number	
Employer Address	City	State	Zip Code
Job Position	To: (month/year)	From: (month/year)	
Position Description			
<b>SECTION 4: STATEMENT OF UNDERSTANDING</b> (Signature Required to Process Application)			
<p>The information I provided is true and accurate. I authorize the Department of Early Learning (DEL) to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DEL. I understand that:</p> <ul style="list-style-type: none"> <li>Information shared with DEL becomes public record and some information in public records is available to the general public upon request.</li> <li>All forms and documentation submitted to DEL will become the property of DEL.</li> <li>All forms and documentation will not be returned, unless I request in writing to have a specific document returned <b>and</b> I provide a self-addressed, stamped envelope.</li> <li>Any form or documentation that appears to have been altered, or on which "white out" is used, will not be processed or verified under any circumstances.</li> <li>If my current name is not on the documentation, I must include proof of name change (e.g. copies of court records denoting marriage, divorce or other documenting name change).</li> <li>For all state-approved training that I attend, I will receive a certificate of completion from the trainer within one week of completing the training.</li> <li>It is my responsibility to provide my STARS ID to the state-approved trainer for any training I complete if I would like STARS credit recorded in my MERIT professional record.</li> <li>I am responsible for maintaining original documents for my personal records.</li> </ul> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <b>Signature</b> _____         </div> <div style="width: 35%;"> <b>Date</b> _____         </div> </div>			